

Foster Family Home - Corrective Action Report

Provider ID: 1-170082

Home Name: Jovy Agcaoili, NA

Review ID: 1-170082-3

91-1076 Kuhina Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 8/9/2019

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for this 2 client home performed today. The home was issued a corrective action report and a corrective action plan will be due back to CTA by 9/9/19.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 - CG#3 had a lapse of the APS/CAN check. This was due by 7/19/19 but not completed until 7/26/19.

CG#4 has no current State Name Check (eCrim) on file. This was due by 1/25/19.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(a) All information relating to individuals who apply for or receive home and community-based case management and community care foster family home services shall be confidential.

Comment:

16.(a) - CG#5 does not have evidence of confidentiality training on file.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.7 - CG#4 lacks a current TB clearance. Last was dated 12/9/17

CG#5 lacks a current TB clearance. Last was dated 4/11/18.

41.b.8 _ CG#5 obtained CPR/First Aid/BBP training from an online site that did not include evaluation by an instructor which is required. Therefore the CG does not have a current CPR/First Aid/BBP training on file.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.d, 47.d.1 - Client #2 has [REDACTED] in use on the [REDACTED] bed and it is identified as being used on the service plan. No physician order is found in the client records.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.a - Client #1 does not have an account/expense record so unable to determine funds expended on clients behalf.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CG#5 is not listed as a substitute care giver on the general liability policy for the home.

Lori O'Keefe

Compliance Manager

[Signature]

Primary Care Giver

8/9/19

Date

8/9/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jovy Jane G. Agcaoili
CCFFH Address: 91-1076 Kuhina St, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Lapsp cannot be corrected.	8/22/19	I will use iphone calendar to track the due date to prevent future lapse.
8.a.2	Ecrim was obtained for CG#4. It was filed on the home folder. <i>Copy to CTA</i>	8/10/19	
16.a	CG#5 requested to be removed as my SG. Form already send to CTA.	8/19/19	I will need to communicate with my CG very often to make sure they will still willing to work for me. I will also make sure they will be trained for confidentiality.
41.b.7	Copy of TB clearance that was obtained by CG#4 was placed on home folder. <i>Copy sent to CTA</i>	8/10/19	I will use iphone calendar to track due dates to prevent future lapse.

Primary Caregiver's Signature: *Jovy Jane G. Agcaoili*

Print Name: JOY JANE AGCAOILI

Date of Signature: 9/22/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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Chapter 17-1454

CCFFH Name: Jovy Jane G. Agcaoili

CCFFH Address: 91-1076 Kuhina Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8 41.b.7 51.a	CG#5 has been removed as my Substitute Caregiver. Form was submitted to CTA.	8/9/19	I will remove SCG'S as soon as i find out they are no longer interested to work for me.
47.d.1	[REDACTED] order for Client #2 was already placed in my clients folder. Copy to CTA.	8/9/19	Order will be maintained in record for future review. Order will be obtained prior to use.
48.a	I filled out the Personal Allowance Log for Client #1 and enumerate all his personal expences according to where the money spend for.	9/1/19	I will always log whenever I need to buy something for his personal use.

Primary Caregiver's Signature: Jovy Jane Agcaoili

Print Name: JOY JANE AGCAOLI

Date of Signature: 09/22/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jovy Jane G. Agcaoili

CCFFH Address: 91-1076 Kuhina Street, Ewa Beach, Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51.a.1	CG#5 has been removed as my Substitute Caregiver. Form was submitted to CTA.	8/9/19	I will always update my general liability policy especially when there is a changes to be reported such as adding Substitute Caregiver.

Primary Caregiver's Signature:

Jovy Jane Agcaoili

Print Name:

Jovy Jane Agcaoili

Date of Signature:

9/16/19